

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021975

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 782

STATE FILE NUMBER

FILED JUL 9 1962

## 1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. JosephLength of stay in 1b  
21 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION State Hospital No. 2Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS 428 Ohio St. (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First Middle Last  
Goldie Vere Brook4. DATE OF DEATH Month Day Year  
July 3 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

8. DATE OF BIRTH 3-11-1886

9. AGE (last birthday) 76

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Kitchen work

10b. KIND OF BUSINESS OR INDUSTRY School

11. BIRTHPLACE (City and state or country) Brookdale, Indiana

12. CITIZEN OF WHAT COUNTRY U.S.A.

## 13a. FATHER'S NAME

Francis Brook

## 13b. MOTHER'S MAIDEN NAME

Clementine Abbrams

## 14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO. [REDACTED]

## 17. INFORMANT

Address Records of State Hospital #2

## 18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary heart disease

INTERVAL BETWEEN ONSET AND DEATH  
less than

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

General Arteriosclerosis (Prior to 6/12/62)

24 hours

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 12, 1962 to July 3, 1962 and last saw her him alive on July 3, 1962

Death occurred at 9:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

State Hospital #2

22c. DATE SIGNED

7/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

July 6, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mound Grove

23d. LOCATION (City, town, or county)

Independance

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Clark Funeral Home St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

July 5, 1962

26. REGISTRAR'S SIGNATURE

Wm. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
C. Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Paul F. Clark*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.